

June 15, 2018

VIA HAND-DELIVERY

Ms. Jocelyn Boyd Chief Clerk and Administrator South Carolina Public Service Commission Synergy Business Park, The Saluda Building 101 Executive Center Drive Columbia SC 29210

Re: Federal Communications Commission WC Docket No. 10-90 Copies of Information Required to be Filed with the FCC, USAC, and State Commissions pursuant to 47 C.F.R. §§ 51.917 and 54.304 Docket No. 2013-244-C

Dear Ms. Boyd:

Enclosed for filing on behalf of the South Carolina Telephone Coalition companies (see attached list) please find Connect America Fund (CAF) certifications and tariff data. Pursuant to 47 C.F.R. §§51.917 and 54.304, carriers are required to submit certain certifications and data relating to the Connect America Fund with the FCC and USAC at the same time they file their annual interstate access tariffs, and provide a copy of the certifications and tariff data to the state commission. The tariff data has been filed with the FCC and USAC on a confidential and proprietary basis. We are enclosing a public copy of the redacted information as it was provided to the FCC and USAC. We are providing this information by hand-delivery on a CD in PDF format so that the files will be legible.

Please note that this information has been filed with the FCC and USAC in connection with the federal Connect America Fund proceedings. While the FCC rules state that a copy must be provided to the relevant state commission, the Commission is not required or asked to take any action at this time. Therefore, we are providing these certifications and data to the Commission for information only.

Margaret M. Fox

pfox@mcnair.net T 803.799.9800 F 803.753.3278

McNAIR LAW FIRM, P.A. 1221 Main Street Suite 1800 Columbia, SC 29201

> Mailing Address Post Office Box 11390 Columbia, SC 29211

> > mcnair.net

1117752v7

BLUFFTON CHARLESTON CHARLOTTE COLUMBIA GREENVILLE HILTON HEAD MYRTLE BEACH Ms. Jocelyn Boyd June 15, 2018 Page 2



Thank you for your assistance. If you should have any questions, please do not hesitate to contact me.

Very truly yours,

McNAIR LAW FIRM, P.A.

Margaret M. Fox

MMF/khh Enclosures

cc: Jeffrey M. Nelson, Esquire, ORS

Fle. Fuz

Ms. Jocelyn Boyd June 15, 2018 Page 3



South Carolina Telephone Coalition Member Companies

Bluffton Telephone Company, Inc.

Chesnee Telephone Company

Chester Telephone Company, d/b/a TruVista

Comporium, Inc. (f/k/a Rock Hill Telephone Company)

Farmers Telephone Cooperative, Inc.

Ft. Mill Telephone Company, d/b/a Comporium

Hargray Telephone Company, Inc.

Home Telephone ILEC, LLC d/b/a Home Telecom

Horry Telephone Cooperative, Inc.

Lancaster Telephone Company, d/b/a Comporium

Lockhart Telephone Company, d/b/a TruVista

Palmetto Rural Telephone Cooperative, Inc.

Piedmont Rural Telephone Cooperative, Inc.

PBT Telecom, d/b/a Comporium

Ridgeway Telephone Company, d/b/a TruVista

Sandhill Telephone Cooperative, Inc.

West Carolina Rural Telephone Cooperative, Inc.

Bluffton Telephone Company, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Bluffton Telephone Company	
	Date 5/3/11/8
Andrew Rein	
CFO	
(843) 686 1246 ext	
Filing Due Date for this (mm/dd/yyyy)	form 06/18/2018
	Andrew Rein CFO (843) 686 1246 ext Filing Due Date for this

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Bluffton Telep	hone Con	pany			
Signature of Authorized Officer		11		Date S	131/18	
Printed name of Authorized Officer	Andrew Re	n				
Title or position of Authorized Officer	CFO					
Telephone number or Authorized Officer.	(843) 68	6 1246	ext	_		
Study Area Code of Reporting Carrier	240512		Due Date for thi d/yyyy)	s form	06/18/2018	à A

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Bluffton Telephone Company	
Signature of Authorized Officer	M	Date 5/3/18
Printed name of Authorized Officer	Andrew Rein	
Title or position of Authorized Officer	CFO	
Telephone number or Authorized Officer.	(843) 686 1246 ext	
Study Area Code of Reporting Carrier	Filing Due Date for t (mm/dd/yyyy)	his form 06/18/2018

SEE 2018 TARIFF DATA ON ENCLOSED DISC

Chesnee Telephone Company

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications					
Signature of Authorized Officer	Cuidy Rochsten 5/29/2018					
Printed name of Authorized Officer	Cindy Roths	•	, ,			
Title or position of Authorized Officer	Executive Dire	ector of Finance				
Telephone number or Authorized Officer.	(336) 876-630	4				
Study Area Code of Reporting Carrier	240515		m 06/18/2018			

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications					
Signature of Authorized Officer	Cinde	1. Rothstain	Date 5	129/2018	>	
Printed name of Authorized Officer	Cindy	Rothstein				
Title or position of Authorized Officer	Executiv	ve Director of Finance			5	
Telephone number or Authorized Officer.	(336) 87	76-6304				
Study Area Code of Reporting Carrier	240515	Filing Due Date for t (mm/dd/yyyy)	his form	06/18/2018		

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting earrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Chesnee	e Telephone Company, Inc. d/b/a Chesnee Communications
Signature of Authorized Officer	Cino	der Rothstan 5/29/2018
Printed name of Authorized Officer	Cindy	y Rothstein
Title or position of Authorized Officer	Executiv	ive Director of Finance
Telephone number or Authorized Officer.	(336) 87	376-6304
Study Area Code of Reporting Carrier	240515	Filing Due Date for this form (mm/dd/yyyy) 06/18/2018
Darsone willfully making false statemen	te on this for	orm can be punished by fine or forfeiture under the Communications Ac

SEE 2018 TARIFF DATA ON ENCLOSED DISC

Chester Telephone Company, d/b/a TruVista
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Chester Telephone Company d/b/a TruVista Communications				
Signature of Authorized Officer	1	3		Date 5-31-18	
Printed name of Authorized Officer	David	i H. Brun	t		
Title er position of Authorized Officer	Executi	ve VP Ac	Iministration & CFO		
Telephone number or Authorized Officer.	(803)	581-91	95		
Study Area Code of Reporting Carrier	240516		Filing Due Date for thi (mm/dd/yyyy)	s form 06/18/2018	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Chester Telephone Company d/b/a TruVista Communications					
Signature of Authorized Officer		_		Date 5-3	31-18	
Printed name of Authorized Officer	David	H. Brunt				
Title or position of Authorized Officer	Executi	ve VP Ad	ministration & CFO			
Telephone number or Authorized Officer.	(803)	581-919	95			
Study Area Code of Reporting Carrier	240516		Filing Due Date for th (mm/dd/yyyy)	is form	06/18/2018	

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Chester Telephone Company d/b/a TruVista Communications				
Signature of Authorized Officer	33-	Date 5-31-18			
Printed name of Authorized Officer	David H. Brunt				
Title or position of Authorized Officer	Executive VP Administration & CFC	0			
Telephone number or Authorized Officer.	(803) 581-9195				
Study Area Code of Reporting Carrier	Filing Due Date for (mm/dd/yyyy)	this form 06/18/2018			

SEE 2018 TARIFF DATA ON ENCLOSED DISC

Comporium, Inc.

Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Comporium, Inc	-		
Signature of Authorized Officer	An 1	I full Date	e 06/08/18	
Printed name of Authorized Officer	Greg Lunsford			· · · · · · · · · · · · · · · · · · ·
Title or position of Authorized Officer	Vice President -	Regulatory Affairs		
Telephone number or Authorized Officer.	(803)326-7	170 ext	•	
Study Area Code of Reporting Carrier	240542	Filing Due Date for this form (mm/dd/yyyy)	n 06/18/2018	
Persons willfully making false statemen	ts on this form can be	punished by fine or forfeiture	under the Communic	ations Act

of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Comporium, Inc	.		
Signature of Authorized Officer	Jan 1	Date Date	06/08/18	
Printed name of Authorized Officer	Greg Lunsford			
Title or position of Authorized Officer	Vice President -	Regulatory Affairs		
Telephone number or Authorized Officer.	(803) 326-	7170 ext		
Study Area Code of Reporting Carrier	240542	Filing Due Date for this form (mm/dd/yyyy)	0.6/18/2018	

of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Comporium, Inc.	······································		
Signature of Authorized Officer	By Mal	Date	06/08/18	
Printed name of Authorized Officer	Greg Lunsford	<u> </u>		
Title or position of Authorized Officer	Vice President - Regulatory Affairs			*
Telephone number or Authorized Officer.	(803_) 326-7170 ex	(t,, _		
Study Area Code of Reporting Carrier	Filing Due Date for t (mm/dd/yyyy)	his form	06/18/2018	
D				Leave de súfer par

SEE 2018 TARIFF DATA ON ENCLOSED DISC

Farmers Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Farmers Telephone Cooperative, Inc.						
Signature of Authorized Officer	343	Dania	Date	6/8/2018			
Printed name of Authorized Officer	Jeffrey L.	Lawrimore					
Title or position of Authorized Officer	Chief Financ	ial Officer					
Telephone number or Authorized Officer.	(843) 38.	2-1381 ext					
Study Area Code of Reporting Carrier	240520	Filing Due Date for the (mm/dd/yyyy)	is form	06/18/2018			

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Farmers Telephone Cooperative, Inc.						
Signature of Authorized Officer	SH	12	anna	Date	6/8/2018		
Printed name of Authorized Officer	Jeffre	y L. Lawr	rimore				
Title or position of Authorized Officer	r Chief Financial Officer						
Telephone number or Authorized Officer.	(843)	382-13	881 ext				
Study Area Code of Reporting Carrier	240520		Filing Due Date for the (mm/dd/yyyy)	is form	06/18/2018		

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier Farmers Telephone Cooperative, Inc.								
Signature of Authorized Officer	The	29	aprin	Date	6/8/2018			
Printed name of Authorized Officer	Jeffre	y L. Lawr						
Title or position of Authorized Officer Chief Financial Officer								
Telephone number or Authorized Officer.	(843)	382-13	881 ext					
Study Area Code of Reporting Carrier	240520		Filing Due Date for this (mm/dd/yyyy)	form	06/18/2018			

SEE 2018 TARIFF DATA ON ENCLOSED DISC

Ft. Mill Telephone Company, d/b/a Comporium Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comporium Communications						
Signature of Authorized Officer	An Ald	Date 06/08/18					
Printed name of Authorized Officer	Greg Lunsford	_					
Title or position of Authorized Officer	Vice President - Regulatory Affair	3					
Telephone number or Authorized Officer.	(803) 326-7170	ext					
Study Area Code of Reporting Carrier	Filing Due Date for (mm/dd/yyyy)	or this form 06/18/2018					

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comportum Communication							
Signature of Authorized Officer		Jan /	111	Date	06/08/18			
Printed name of Authorized Officer	Greg Lünsford							
Title or position of Authorized Officer	Vice President - Regulatory Affairs							
Telephone number or Authorized Officer.	(803)	326-7	170 ext.					
Study Area Code of Reporting Carrier	240521		Filing Due Date for the (mm/dd/yyyy)	is form	06/18/2018			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comporium Communications						
Signature of Authorized Officer	Date 06/08/18						
Printed name of Authorized Officer	Greg I	unsford					
Title or position of Authorized Officer	Vice Pre	sident – 1	Regulatory Affairs			·	
Telephone number or Authorized Officer.	(803)	326-7	170 ext				
Study Area Code of Reporting Carrier	240521		Filing Due Date for this for (mm/dd/yyyy)	orm	06/18/2018		

SEE 2018 TARIFF DATA ON ENCLOSED DISC

Hargray Telephone Company, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Hargray Telephone Company					
Signature of Authorized Officer	M	Date 5/3/11g				
Printed name of Authorized Officer	Andrew Rein					
Title or position of Authorized Officer	CFO					
Telephone number or Authorized Officer.	(843) 686 1246 exit.	·				
Study Area Code of Reporting Carrier	Filing Due Da (mm/dd/yyyy	ote for this form 06/18/2018				

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Hargray '	Telepho	ne Com	рапу				
Signature of Authorized Officer		1				Date <	5/31/18	
Printed name of Authorized Officer	Andrev	v Rein	_					
Title or position of Authorized Officer	CFO							. <u> </u>
Telephone number or Authorized Officer.	(843)	686	1246	ext			<u>-</u>	
Study Area Code of Reporting Carrier	240523		Filing I (mm/de	Due Date i/yyyy)	for this	form	06/18/2018	
Persons willfully making false statemen of 1934, 47 U.S.C. §§ 502, 503(b), or fi	ts on this form	n can be nment un	punished der Title	by fine o	or forfeit United	ure und States (er the Communic Code, 18 U.S.C. §	ations Act

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Hargray Telephone Company	-
Signature of Authorized Officer	M	Date 5/3/18
Printed name of Authorized Officer	Andrew Rein	
Title or position of Authorized Officer	CFO	
Telephone number or Authorized Officer.	(843) 686 1246 ext	_
Study Area Code of Reporting Carrier	Filing Due Date for (mm/dd/yyyy)	this form 06/18/2018

Home Telephone ILEC, LLC d/b/a Home Telecom Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Home Telephone ILEC, d/b/a Home Telecom							
Signature of Authorized Officer \	Liebs	AQUIL .	Date 6/1	5/18			
Printed name of Authorized Officer	H. Keith	Oliver					
Title or position of Authorized Officer	Vice Pres	ident, Corporate O	peration	າຮ			
Telephone number or Authorized Officer.	(_843_) 7	61 9100 ext. N	<u>/</u> A				
Study Area Code of Reporting Carrier	240527	Filing Due Date for the (mm/dd/yyyy)	nis form	06/18/2018	_		
Domana willfully making false statement	on this forms on	ha muriahad bu fina an fam	faltana randa	en the Communic	ationa Ast		

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier Home Telephone ILEC, d/b/a Home Telecom							
Signature of Authorized Officer \	Hoidb Oleve	Date 6[18[18					
Printed name of Authorized Officer	H. Keith Oliver						
Title or position of Authorized Officer	Vice President, Corporate Ope	rations					
Telephone number or Authorized Officer.	(_843) 761 9100 ext. N/A						
Study Area Code of Reporting Carrier	Filing Due Date for this (mm/dd/yyyy)	form 06/18/2018					

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Home Telephone ILEC, d/b/a Home Telecom					
Signature of Authorized Officer	. Keith Olive	Date GISIE				
Printed name of Authorized Officer	H. Keith Oliver					
Title or position of Authorized Officer	Vice President, Corporate Oper	ations				
Telephone number or Authorized Officer.	(<u>843</u>) <u>761 9100</u> ext. <u>N/A</u>	- -				
Study Area Code of Reporting Carrier	Filing Due Date for this (mm/dd/yyyy)	form 06/18/2018				
Persons willfully making false statement	s on this form can be punished by fine or forfei	ture under the Communications Act				

of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Horry Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Horry Telepho	one Cooperative, Inc.		
Signature of Authorized Officer	/m/	(v)	Date 6/13/1	6
Printed name of Authorized Officer	Cartton L	ewis		
Title or position of Authorized Officer	CFO		A Company of the Comp	
Telephone number or Authorized Officer.	(843) 3	65 2151 ext		
Study Area Code of Reporting Carrier	240528	Filing Due Date for the (mm/dd/yyyy)	is form .06/18/2	018

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Horry Telephone Cooperative, In	C.
Signature of Authorized Officer	Ment	Date 6/13/18
Printed name of Authorized Officer	Cariton Lewis	The state of the s
Title or position of Authorized Officer	CFO	The second secon
Telephone number or Authorized Officer.	(<u>843</u>) <u>365</u> <u>2151</u> ext	
Study Area Code of Reporting Carrier	Filing Due Date (mm/dd/yyyy)	or this form 06/18/2018

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Horry Telephone Cooperative, Inc.
Signature of Authorized Officer	Date 6/13/18
Printed name of Authorized Officer	Carlton Lewis
Title or position of Authorized Officer	CFO
Telephone number or Authorized Officer.	(843) 3 65 2 151 ext.
Study Area Code of Reporting Carrier	240528 Filing Due Date for this form 06/18/2018

Lancaster Telephone Company, d/b/a Comporium
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Lancaster Telephone Company d/b/a Comporium Communications						
Signature of Authorized Officer	Date 06/08/18						
Printed name of Authorized Officer	Greg Lunsford						
Title or position of Authorized Officer	Vice President - Regulatory Affairs						
Telephone number or Authorized Officer.	(803_) 326-7170 ext,						
Study Area Code of Reporting Carrier	Filing Due Date for the (mm/dd/yyyy)	is form	06/18/2018				

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Lancaster Telephone Company d/b/a Comporium Communications					cations
Signature of Authorized Officer	/(9,10	119	Date	06/08/18	· ·
Printed name of Authorized Officer	Greg	Lunsford		·		·
Title or position of Authorized Officer	Vice Pr	esident –	Regulatory Affai	rs		
Telephone number or Authorized Officer.	(803)	326-7	170	ext		· • • • • • • • • • • • • • • • • • • •
Study Area Code of Reporting Carrier	240531		Filing Due Date (mm/dd/yyyy)	for this form	06/18/2018	

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Lancaster Telephone Company d/b/a Comporium Communications						
Signature of Authorized Officer		Bate 05/08/18					
Printed name of Authorized Officer		Lunsford					
Title or position of Authorized Officer	Vice Pre	esident –	Regulatory Affairs				
Telephone number or Authorized Officer.	(803)	326-7	170 ext				
Study Area Code of Reporting Carrier	240531		Filing Due Date for this (mm/dd/yyyy)	form	06/18/2018		

.

Lockhart Telephone Company, d/b/a TruVista
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Lockhart Telephone Company d/b/a TruVista Communications					
Signature of Authorized Officer			_ D	ate 5-31-18	, <u> </u>	
Printed name of Authorized Officer	David	d H. Brunt	· · · · · · · · · · · · · · · · · · ·			
Title or position of Authorized Officer	Execut	ive VP Ad	ministration & CFO			
Telephone number or Authorized Officer.	(803)	581-919	95			
Study Area Code of Reporting Carrier	240532		Filing Due Date for this fo	orm 06/18/201	8	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Lockhart Telephone Company d/b/a TruVista Communications					
Signature of Authorized Officer			Date 5-3	1-18		
Printed name of Authorized Officer	David	H. Brunt				
Title or position of Authorized Officer	Executi	ve VP Administration & CFO			- -	
Telephone number or Authorized Officer.	(803)	581-9195	-			
Study Area Code of Reporting Carrier	240532	Filing Due Date for this (mm/dd/yyyy)	form	06/18/2018		

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Lockhart Telephone Company d	/b/a TruVista Communications
Signature of Authorized Officer	23	Date 5-31-18
Printed name of Authorized Officer	David H. Brunt	
Title or position of Authorized Officer	Executive VP Administration & C	FO
Telephone number or Authorized Officer.	(803) 581-9195	
Study Area Code of Reporting Carrier	240532 Filing Due Date to (mm/dd/yyyy)	for this form 06/18/2018

Palmetto Rural Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER.

		let of 1934,	the Communications A ode, 18 U.S.C. § 1601,	Persons willfully making felse statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001,	s form can be nprisonment	statements on thi 603(b), or fine or ir	Pérsons willfully making false 47 U.S.C. §§ 502,	
		. 문항 보항 기기에 제한다.	6/18/2018	Filing Due Date for this form (mm/dd/yyyy)	ye ⁴ ±	240536	Study Area Code of Reporting Carrier	Study
					32	843 538-9382	Telephone number of Authorized Officer.	Telep
<u></u>						Controller	Title or position of Authorized Officer:	Title
			:		lson	Dewaine Wilson	Printed name of Authorized Officer:	Printe
	Date: 5/16/2018		6/2018	tel. coop., inc., F , Date: 5/16/2018			Signature of Authorized Officer:	Signa
		-	Wilson DN:cn=Dewaine	Digitally signed by Dewaine Wilson DN:cn=Dewaine		Downing Mileon	,	
					EL. COOP	PALMETTO RURAL TEL. COOP., INC.	Name of Reporting Carrier.	Name
			data reported;	e ensuring the accuracy of the actual curate.	liities include s form is acci	rier, my responsib don reported on thi	l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and; to the best of my knowledge, the information reported on this form is accurate.	l cer
			ported	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	er as to the	tification of Offic	Cer	

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certifical	tion of Officer fo	r Rate-of-Re	Certification of Officer for Rate-of-Return Carrier Eligibility for CAFIICG Recovery	Recovery	į	
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	rier and that, to th very §51.917(d) an 7(f).	e best of my k id Access Rec	ınowledge, the reporting carrier on this covery Charge §61.917(e) and is eligibl	s form g to receive the		
Name of Reporting Carrier: PALME	PALMETTO RURAL TEL. COOP., INC.	EL. COOP	INC.	:		
cer or en	Dewain	Dewaine Wilson	Digitally signed by Dewaine Wilson Dikon=Dewaine Wilson, email=dewaine, wilson@pric, coop,O=palmetto rural tel. coop., inc., j= , Dater\$/16/2018	on Dikton=Dewaine xrc.coop,O=palmetto rural 18	Date:	5/16/2018
Printed name of Authorized Officer or employee:	/ee:	Dewaine Wilson	Vilson			
Title or position of Authorized Officer or employee:	oyee:	Controller				1
Telephone number of Authorized Officer or employee:	mployee:	843 538-9382	9382			
Study Area Code of Reporting Carrier	240536	3. P	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018		14 A 1844 A
Persons Wilfully making false 47 U.S.C. §§ 502, f	statements on thi 603(b), or fine or in	s form can be nprisonment	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	he Communications Act of 1. 16, 18 U.S.C. § 1001.	934,	

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recover I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).	Officer for Rate-of-Return Ca that, to the best of my knowle igible Recovery subject to the	Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery porting carrier and that, to the best of my knowledge, the reporting carrier is not seeking sdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).	≀ Recovery eeking 917(d)(vii).		
Name of Reporting Carrier: PALMETTO F	PALMETTO RURAL TEL. COOP., INC.				
Signature of Authorized Officer or employee:	Dewaine Wilson	Digitaliy signed by Dewaine Wilson Dixon-Dewaine Wilson, email-dewaine wilson@prtc.coop, 0-palmetto rural tel. coop., inc., i= , Date: \$/16/2018	n DN:cn=Dewaine tc.coop,O≑palmetto rural B	Date:	5/16/2018
Printed name of Authorized Officer or employee:	Dewaine Wilson				
Title or position of Authorized Officer or employee:	Controller				
Telephone number of Authorized Officer or employee:	e: 843 538-9382				
Study Area Code of Reporting Carrier	240536 Filin	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018 6/18/2018	h at F	To the state of th
Persons willfulty making false statements on this form can be punished by fine or forfelture under the Communications Act of 1934, 47 U.S.C. §§ 602, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18-U.S.C. § 1001.	ents on this form can be punis or fine or imprisonment under	fulty making false statements on this form can be punished by fine or forfelture under the Communications 47 U.S.C. §§ 602, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18-U.S.C. § 1001.	e Communications Act of 19 e, 18-U.S.C. § 1001.	34,	

Piedmont Rural Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Piedmont Rural	Telephone Cooperative	, Inc.	
Signature of Authorized Officer	mer	I	May 30,	2018
Printed name of Authorized Officer	Randy Lis			
Title or position of Authorized Officer	General Manager	•	<u> </u>	
Telephone number or Authorized Officer.	864-682-3131	L		
Study Area Code of Reporting Carrier	240538	Filing Due Date for this f (mm/dd/yyyy)	form 06/18/2018	8

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Piedmon	t Rural T	Telephone Coopera	tive, Inc.		
Signature of Authorized Officer	Jus	<u> </u>	·~	Date	ay 30, 6	3 <i>0</i> 18
Printed name of Authorized Officer	Randy	Lis			,	
Title or position of Authorized Officer	General	Manager				
Telephone number or Authorized Officer.	864-68	32-3131				
Study Area Code of Reporting Carrier	240538		Filing Due Date for t (mm/dd/yyyy)	his form	06/18/2018	

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Piedmont	Rural 7	Telephone Cooperative	, Inc.		
Signature of Authorized Officer	for	، مصد	I	Date N	1ay 30,	2018
Printed name of Authorized Officer	Randy I	is				
Title or position of Authorized Officer	General M	lanager	•			
Telephone number or Authorized Officer.	864-682	2-3131		•		
Study Area Code of Reporting Carrier	240538		Filing Due Date for this (mm/dd/yyyy)	form	06/18/2018	

PBT Telecom, d/b/a Comporium

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuincertify that I am an officer of the reporting carrier; my responsibilities include ensuand, to the best of my knowledge, the information reported on this form is accurate.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported toertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	Reported al data reported;	<u>-</u>
Name of Reporting Carrier. PBT T8	PBT TELECOM, INC.		
cer	Digitally signed by L. Spearman DN:cr=L. Spearman @pbttel.net. Spearman enali=bspearman@pbttel.net. inc., j= , Dete:5/16/2018	0≈pbt tefecom,	[,] Date: 5/16/2018
Printed name of Authorized Officer:	L. Spearman		
Title or position of Authorized Officer:	Director of Business Development		
Telephone number of Authorized Officer:	803-894-1104		
Study Area Code of Reporting Carrier	240539 Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
Persons willfully making false 47 U.S.C. §§ 502,	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	der the Communications Act of 1934, i Code, 18 U.S.C. § 1001.	4,

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certifical	tion of Officer fo	r Rate-of-Re	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	; Recovery			
l certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	rier and that, to th vvery §51.917(d) ar 7(f).	e best of my k nd Access Ree	nowledge, the reporting carrier on this covery Charge §51.917(e) and is eligibl	s form le to receive the			
Name of Reporting Carrier: PBT TE	PBT TELECOM, INC.						
Signature of Authorized Officer or employee:	L. Spearman	rman	Digitally signed by L. Spearman DNton=L. Spearman emall-bspearman@pbttel.net,O=pbt telecom, inc.,⊨ , Date:5/16/2018	Dkton-L. obttel.net,O≃pbt telecom,	Date:	5/16/2018	
Printed name of Authorized Officer or employee	.ee.	L. Spearman					
Title or position of Authorized Officer or employee:	loyee:	Director	Director of Business Development				<u> </u>
Telephone number of Authorized Officer or employee.	mployee.	803-894-1104	1104		:		<u> </u>
Study Area Code of Reporting Carrier	240539		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	ija Markanizate, 2	# # # # # # # # # # # # # # # # # # #	į, ži
Persons willfully making false 47 U.S.C. §§ 602, !	statements on thi 503(b), or fine or i	s form can be mprisonment	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	he Communications Act of de, 18 U.S.C. § 1001.	1934,		

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery	
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism es per §51.917(d)(vii).	
Name of Reporting Carrier: PBT TELECOM, INC.	
Digitally signed by L. Spearman DN:zn=L. L. Spearman Spearman, email-bepearman@pbttel.net, 0=pbt telecom, inc., i= , Date:5/16/2018 Date: 5/16/2018	
Printed name of Authorized Officer or employee: L. Spearman	
Title or position of Authorized Officer or employee: Director of Business Development	;
Telephone number of Authorized Officer or employee: 803-894-1104	
Study Area Code of Reporting Carrier 240539 torm (mm/dd/yyyy)	. 42
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Ridgeway Telephone Company, d/b/a TruVista

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Ridgew	ay Telepl	hone Company d/b/a	TruVista	a Communicat	ions
Signature of Authorized Officer	33 2		<u> </u>	Date 05.	/31/18	
Printed name of Authorized Officer	David	l H. Brunt		•		
Title or position of Authorized Officer	Executi	ve VP Ad	ministration & CFO			
Telephone number or Authorized Officer.	(803)	581-919	95	***		
Study Area Code of Reporting Carrier	240541		Filing Due Date for the (mm/dd/yyyy)	is form	06/18/2018	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Ridgew	/ay Telephone Company d/b/a	a TruVisi	ta Communicat	tions
Signature of Authorized Officer			Date 0	5/31/18	
Printed name of Authorized Officer	David	d H. Brunt	<u>, l</u>		
Title or position of Authorized Officer	Executi	ive VP Administration & CFO			
Telephone number or Authorized Officer.	(803)	581-9195	-		
Study Area Code of Reporting Carrier	240541	Filing Due Date for the (mm/dd/yyyy)	is form	06/18/2018	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Ridgew	ay Telepl	hone Company d/b/a Tru	ıVista Communicat	tions
Signature of Authorized Officer			Da	te 05/31/18	
Printed name of Authorized Officer	David	H. Brunt			
Title or position of Authorized Officer	Executi	ve VP Ad	ministration & CFO		
Telephone number or Authorized Officer.	(803)	581-919	95		
Study Area Code of Reporting Carrier	240541		Filing Due Date for this for (mm/dd/yyyy)	^{1m} 06/18/2018	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Sandhill Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER.

ë	rification of Office	r as to the	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	ported		
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	irrier; my responsibil ition reported on this	ities include form is acc	ensuring the accuracy of the actual durate.	ata reported;		
Name of Reporting Carrier. SAND	SANDHILL TEL. COOP., INC.	. INC.				
ee7	Lee Chambers		Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@shtc.net,O=sand	Digitally signed by Lee Chambers DN:cn=Lee Chambers, email=lee, chambers@shtc.net, 0=sanchill tel.		200
Signature of Authorized Officer:			COD., IIIN, FARIEBUL DO Z.	37 10, Date:3/2 1/20 10	Date	810211216
Printed name of Authorized Officer.	Lee Chambers	ی				
Title or position of Authorized Officer:	CEO/Manager	_				li .
Telephone number of Authorized Officer:	843-658-6379	, ,				
Study Area Code of Reporting Carrier	240546	THE COMMENT OF THE ANGLES OF THE COMMENT OF THE COM	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018		2 1
Persons willfully making fals 47 U.S.C. §§ 502.	e statements on this , 503(b), or fine or im	form can be prisonment	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	he Communications Act of 193. de, 18 U.S.C. § 1001.	4.	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recologists that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery'§\$1.917(d) and Access Recovery Charge §\$1.917(e) and is eligible to reCAF ICC support requested pursuant to §\$1.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery vorting carrier and that, to the best of my knowledge, the reporting carrier on this form gible Recovery \$\$1.917(d) and Access Recovery Charge \$\$1.917(e) and is eligible to receive the t to \$\$1.917(f).	rrier Eligibility for CAF/ICC e, the reporting carrier on this harge §§1.917(e) and is eligible	Recovery form to receive the			
Name of Reporting Carrier.	SANDHILL TEL. COOP., INC.					1
Signature of Authorized Officer or employee:	Lee Chambers	Digitally signed by Lee Chambers DN:cn=Lee Chambers, email=lee, chambers@sthc.net, O=sandhill tel coop., inc., FJefferson SC 29718, Date:5/21/2018	DNton=Lee shto.net,O=sandhill teL Date:5/21/2018	Date:	5/21/2018	
Printed name of Authorized Officer or employee:	/ee: Lee Chambers					-
Title or position of Authorized Officer or emplbyee:	byee: CEO/Manager			.4		
Telephone number of Authorized Officer or employee:	mployee: 843-658-6379					
Study Area Code of Reporting Carrier	240546 form (n	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	H pr _ag an	167 ₁ 167 ₁ 18 18 18 18 18 18 18 18 18 18 18 18 18	* &
Persons wilfully making false 47 U.S.C. §§ 502, ¹	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	d by fine or forfelture under th He 18 of the United States Cod	e Communications Act of 15 e, 18 U.S.C. § 1001.	334,		

Certification	on of Officer for Rate-of-R	Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery	re Recovery		
l certify that fam an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §61.917(d)(vii).	for and that, to the best of my any Eligible Recovery subjec	/ knowledge, the reporting carrier is not ct to the recovery mechanism as per §6'	seeking .917(d](vii).		
Name of Reporting Carrier: SANDHI	SANDHILL TEL. COOP., INC.				
Signature of Authorized Officer or employee:	Lee Chambers	**Digitally signed by Lee Chambers DN:cn=Lee Chambers,emalf=tee.chambers@shtc.net,O=sandhāl tel coop., inc.,F-Jefferson SC 29718, Date:5/21/2018	rs DN cn=Lee @shlc.net,O-sandhāl tel 3, Date:5/21/2018	Date:	5/21/2018
Printed name of Authorized Officer or employee:	ee: Lee Chambers	nbers			
Title or position of Authorized Officer or employee:		ÇEO/Manager			
Telephone number of Authorized Officer or employee:	nployee: 843-658-6379	8-6379			
Study Area Code of Reporting Carrier	240546	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	h	4
Persons willfully making false s 47 U.S.C. §§ 502, 5	statements on this form can l 603(b), or fine or imprisonmer	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	he Communications Act of 19 de, 18 U.S.C. § 1001.	34,	

West Carolina Rural Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER.

Cer	tification of Officer as to the	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	orted		
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	rier; my responsibilities includ lion reported on this form is ac	e ensuring the accuracy of the actual dacurate.	ita reported;		
Name of Reporting Carrier: WEST	WEST CAROLINA RURAL TEL. COOP.	C00P.			
Lanc	Lance Tade	Digitally signed by Lance Tade DN.cn=Lance Tade, email=Lance Lade@wcteLcom,O=west c	Digitally signed by Lance Tade ON.cn=Lance Tade,email=Lance tade@wcteLcom,O=west carolina rural	į	0.000.000.00
Signature of Authorized Officer:		102111 (C. Date, D. 1021)		Date;	5/1//2018
Printed name of Authorized Officer:	Lance Tade			I	
Title or position of Authorized Officer:	Chief Financial Officer				
Telephone number of Authorized Officer.	864-446-9256				
Study Area Code of Reporting Carrier	240550	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018		**
Persons willfully making false 47 U.S.C. §§ 502,	s statements on this form can b 603(b), or fine or imprisonment	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	e Communications Act of 1934 e, 18 U.S.C. § 1001.	ي	

Certificat	lion of Officer for Rate-of	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Recovery	: :	
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	rier and that, to the best of n very §51.917(d) and Access 7(f).	ny knowledge, the reporting carrier on this f Recovery Charge §61.917(e) and is eligible	form to receive the		- +
Name of Reporting Carrier. WEST (WEST CAROLINA RURAL TEL. COOP	L. COOP.			*
Signature of Authorized Officer or employee:	Lance Tade	Digitally signed by Lance Tade Divicor=Lance Tade,email=Lance tade@wctel.com, O=west carolina n.ral tel. coop., i= , Date;5/17/2018	k'ton≒Lance m,O=west carolina rural	Date: 5/17/2018	85
Printed name of Authorized Officer or employee:	ee: Lance Tade	Tade			
Title or position of Authorized Officer or employee:		Chief Financial Officer			
Telephone number of Authorized Officer or employee:		864-446-9256			
Study Area Code of Reporting Carrier	240550	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018		*
Persons willfully making false 47 U.S.C. §§ 602, 6	statements on this form car 603(b), or fine or imprisonm	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001,	9 Communications Act of 19 1, 18 U.S.C. § 1001,	134,	

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)[vii).
Name of Reporting Carrier: WEST CAROLINA RURAL TEL. COOP.
Digitally signed by Lance Tade Tade Tade Tade Tade, email=Lancetade@wotel.com O=west carolina rural: † Signature of Authorized Officer or employee:
। Printed name of Authorized Officer or employee: Lance Tade
Title or position of Authorized Officer or employee:
Telephone number of Authorized Officer or employee. 864-446-9256
Study Area Code of Reporting Carrier Filing Due Date for this 6/18/2018 form (mm/dd/yyyy)
Persons willfully making false statements on this form cambe punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.